

P23000009049

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

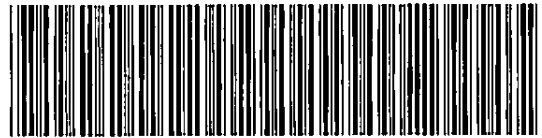
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SECRETARY OF STATE
TALLAHASSEE, FL

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MVS HEALYH SERVICES INC
Name of Corporation

DOCUMENT NUMBER: P23000009049

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MILEIVIS VALDES

Name of Contact Person

MVS HEALYH SERVICES INC

Firm/Company

829 OPA LOCKA BLV

Address

MIAMI, FL 33168

City/State and Zip Code

misvaldes2@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MILEIVIS VALDES

Name of Contact Person

at (786) 262 9643
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certificate of Status

☐ \$43.75 Filing Fee & Certified Copy

☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF CORRECTION

For

MVS HEALYH SERVICES INC

Name of Corporation as currently filed with the Florida Dept. of State

P23000009049

Document Number (if known)

FILED
2023 MAR -6 PM 5:29
SECRETARY OF STATE
TALLAHASSEE, FL

Pursuant to the provisions of Section 607.0124, Florida Statutes.

These articles of correction correct MVS HEALYH SERVICES INC
(Document Type Being Corrected)

filed with the Department of State on 01/30/2023
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

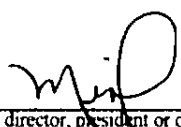
Inaccuracy on the company name and the fisical address

Correct the inaccuracy, incorrect statement, or defect:

Correct name: MVS HEALTH SERVICES INC

Correct fisical company address: 829 OPA LOCKA BLVD

Registered Agent Address: 829 OPA LOCKA BLVD


(Signature of a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

MILEIVIS VALDES

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35.00